

EMS

IBSC-TP-C Exam

The International Board of Specialty Certification: Certified Tactical Paramedic

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Question 1. (Single Select)

A casualty is showing signs of cyanide poisoning after exposure to hazardous materials. Which medication should be administered as an antidote?

A: Atropine

B: Naloxone

C: TXA

D: Sodium thiosulfate

Correct Answer: D

Explanation:

Sodium thiosulfate is an essential component of the antidote regimen for cyanide poisoning. It works by converting cyanide into thiocyanate, a less toxic substance that can be excreted by the kidneys. It is often used in combination with hydroxocobalamin, which binds cyanide to form cyanocobalamin (vitamin B12), or sodium nitrite, which induces methemoglobinemia to sequester cyanide from cellular enzymes.

Atropine is used to counteract nerve agent toxicity and is not effective against cyanide.

Tranexamic acid (TXA) is an antifibrinolytic used to control bleeding and has no role in treating cyanide poisoning.

Naloxone is an opioid antagonist and is ineffective for treating cyanide toxicity.

Question 2. (Single Select)

What should be done with the medical intelligence information once a mission is underway?

A: It should be shared with the media.

B: It should be discarded.

C: It should be updated continuously.

D: It should be filed for future reference.

Correct Answer: B

Explanation:

Medical intelligence information must be updated continuously throughout the mission to account for dynamic changes, such as evolving threats, team member injuries, or situational developments. This ensures that tactical medical providers and commanders can make timely decisions to enhance mission effectiveness and casualty care.

Discarding the information removes critical data needed for in-mission adjustments.

Sharing information with the media breaches operational security and confidentiality.

Filing it for future reference without updates ignores the immediate necessity for actionable intelligence.

Question 3. (Single Select)

You are a tactical paramedic embedded with a law enforcement team during an active shooter situation. One officer sustained a gunshot wound to the leg with arterial bleeding. The area is still under threat. What is your immediate action?

- A: Perform a full body assessment before intervening.
- B: Apply a tourniquet to stop the arterial bleeding.
- C: Drag the officer to cover before initiating care.
- D: Apply direct pressure to the wound and secure it with a bandage.

Correct Answer: C

Explanation:

In a high-threat environment under " Care Under Fire" principles, the immediate priority is to remove the casualty from the direct threat to a safer position before initiating medical care. Attempting to control bleeding while still exposed to active threats increases the risk to both the casualty and the responder. Once in cover, massive hemorrhage control can be addressed using a tourniquet as a priority.

A full body assessment is inappropriate in a high-threat situation, as it delays evacuation and puts both the responder and the casualty in greater danger. While applying a tourniquet is a critical step, it is secondary to moving the casualty to cover in an active threat scenario.

Applying direct pressure and securing a bandage is also inappropriate during Care Under Fire, as it is both time-consuming and less effective than a tourniquet for arterial bleeding.

Question 4. (Single Select)

What is the adult goal urine output (UOP) range for patients requiring fluid resuscitation?

A: 30-50 ml/hr

B: 70-100 ml/hr

C: 10-20 ml/hr

D: 50-70 ml/hr

Correct Answer: A

Explanation:

A goal urine output of 30-50 ml/hr is an important clinical indicator of adequate kidney perfusion and effective fluid resuscitation in adults. This range demonstrates restored blood volume and cardiac output, ensuring vital organs receive sufficient oxygen and nutrients.

50-70 ml/hr exceeds the typical target range and may indicate over-resuscitation, leading to complications such as fluid overload.

10-20 ml/hr suggests inadequate perfusion or ongoing shock, requiring further resuscitation efforts.

70-100 ml/hr is not a standard target and may result from excessive fluid administration or pathological conditions.

Question 5. (Single Select)

What is a key practice to ensure field sanitation?

- A: Ensure adequate handwashing facilities.
- B: Use only water for cleaning.
- C: Keep waste near fresh food.
- D: Store food at room temperature.

Correct Answer: A

Explanation:

Proper hand hygiene is a critical practice in field sanitation to prevent the spread of pathogens and diseases. Ensuring that adequate handwashing facilities with soap and clean water are available helps reduce the risk of illnesses caused by cross-contamination, especially in environments where food preparation, waste disposal, and personal hygiene are challenging.

Storing food at room temperature increases the risk of bacterial growth, leading to foodborne illnesses. Proper refrigeration or storage practices are essential to maintain food safety.

Waste near fresh food creates a significant contamination risk, increasing the likelihood of disease transmission through pests or direct contact. Waste must be disposed of far from food preparation areas.

Using only water for cleaning is inadequate, as soap or sanitizing agents are necessary to effectively remove pathogens from hands, utensils, and surfaces.



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